OCCR-1 1. OCCR Control Number **GOVERNMENT OF THE DISTRICT OF COLUMBIA** OFFICE OF CITIZEN COMPLAINT REVIEW 730 11th Street, N.W., Suite 500 To Be Completed by OCCR Staff 2. Day, Date & Time Complaint Washington, D.C. 20001 Received (202) 727-3838 To Be Completed by OCCR Staff 3. MPD Control System Number CITIZEN COMPLAINT FORM To Be Completed by OCCR Staff 4. How Complaint Was Received: To Be Completed by OCCR Staff In Person \Box Fax \Box E-mail \Box U.S. Mail \Box MPD \Box Other \Box Specify: 5. Complainant's Name - Last, First, Middle 6. Date of Birth 9. Race, National 7. Age 8. Sex **Origin or Ethnicity** 10. Home Address 11. D.C. 12. Home Telephone Number Ward (if resident) 13. Work Address 14. Occupation 15. Work Telephone Number 16. Other Means of Contacting Complainant (cell phone or pager 17. General Nature of Incident number, e-mail address, friend, etc.) 18. Location of Incident 19. D.C. Ward (where incident occurred) 20a. Day of Week 20b. Date of 20c. Time of 21. Witnesses **Incident Occurred** Incident Incident 22. Officers Involved (name, badge number, police district, if known) 23. MPD Vehicle Number/ Description 24. Physical Description(s) of Officer(s) (hair and eye color, height, sex, race/ethnicity, etc.)

25b. Where Treated (name of hospital, doctor, etc.)

25a. Describe Injuries (if any)

26. Preferred Language of Communication (if other than English)

| 27. Name(s), Telephone Number(s) or Contact Information (of other people present during the incident, including other police officers) | | |
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| RVA DL 7/01 | (Please continue on the reverse side) | |
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OCCR-1 (Reverse Side)

| Complainant's Name – Last, First, Middle | , | OCCR Control Number | |
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| | | To Be Completed by OCCR Staff | |
| 28. Describe the Incident: | | · | |
| 20. Describe the incident. | | | |
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| Attach Additional Pages if Necessary Page Number of Pages of Narrative | | | |
| 29. Complainant's Certification | | | |
| "I hereby certify that to the best of my knowledge, and under penalty of perjury, the statements made herein are true." | | | |
| Complainant's Signature Date | | | |
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| 30. Complaint Received by: | 31. Complaint Reviewed by: | 32. Action Taken | |
| To Be Completed by OCCR Staff | To Be Completed by OCCR Staff | To Be Completed by OCCR Staff | |